

MEMO



GlaxoSmithKline

To USTPO Group Unit 1625

From Allyson K. Jacobs

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Date 10/19/06

CC

Subject US Patent App. No.: 10/507,006;

Attorney Docket No.: PK4654USW


Glaxo Wellcome Inc.
PO Box 13398
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Research Triangle Park
North Carolina 27709
Tel: 919 483 2100
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Please disregard the previous submission, EFS ID 1261551, for this case. Please replace the previous filing with this one.

Sincerely,

A handwritten signature in black ink, reading "Allyson K. Jacobs". The signature is written in a cursive, flowing style.

Allyson K. Jacobs

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. PK4654USW	
Applicant(s): Bhandari et al.						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/507,006	9/7/04	Niloofar Rahmani	23347	1625	8775	
Invention: CONDENSED HETEROCYCLIC COMPOUNDS AS CALCITONIN AGONISTS						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	1 -	54 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1392 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: 10/19/06			
Amy H. Fix, Reg. No. 42,616 Attorney for Applicants GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 Telephone: (919) 483-8911 Facsimile: (919) 483-7988			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						